
Ар	plication	or Do	ocket Num	ber					
ALL ENTITY OTHER THAN PE OR SMALL ENTITY									
RATE	FEE		RATE	FEE					
SIC FEE	375.00	OR	BASIC FEE	750.00					
(\$ 9=		OR	X\$18=						
X42=		OR	X84=	1 200					
140=		OR	+280=	· ·					
OTAL		OR	TOTAL						
OTHER THAN MALL ENTITY OR SMALL ENTITY									
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
(\$ 9=		OR	X\$18=						
X42=		OR	X84=						
-140=		OR	+280=						
TOTAL OR ADDIT. FEE									
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
X\$ 9=		OR	X\$18=						
		1							

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)						*	SMALL ENTITY TYPE			OTHER SMALL I		
TOTAL CLAIMS		19					RATE	FEE		RATE	FEE	
FOR		NUMBER F	ILED N	NUMBER	EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			(6 minus 20= *				X\$ 9=	-	OR	X\$18=	61.1	
INDEPENDENT CLAIMS			5 minus 3 = * 1			X42=		OR	X84=	***		
MULTIPLE DEPENDENT CLAIM PR			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	V.		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					<u>)</u>	SMALL E	NTITY	OR	OTHER SMALL I			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**	=	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	L		_	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
1-8-12-14 19							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column	2) (Column 3		ADDII. FEE		•	ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	:	=		X\$ 9=		OR	X\$18=	
MEI	Independent	*	Minus	***		=	_	X42=	·	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					_	+140=		OR	+280=		
								TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEEOR ADDIT. F												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ļ. ķ
ME	Independent	*	Minus	***		=	_	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDENT C	CLAIM		┙	+140=	· ·	OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL			
**	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												